

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 1780 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1889
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frounce R. Bedford
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 0 Years, 0 Months, 10 Days.
Color, Colored
~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }
Occupation,
Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.
Duration of Residence in the City of Baltimore, Rifitine
Place of Death, { Give street and number. } 110 Stirling St.
Cause of death, { First, (Primary,) Return Acute
Second, (Immediate,) 3 days
Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Marys Co
Date of Burial, July 19th 1887 } Mr. Brooke Byler M. D.,
{ Undertaker, Morgan and Pye Medical Attendant
{ Place of Business, 102 Muller St Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A 1781 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, July 27th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa E. Candus Duffield (Parents)
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, _____ Years, _____ Months, 3 Hours
Color, Colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give Street and Number. } No 834 S. Howard st
Cause of Death, { First (Primary), asthenia Second (Immediate), Since birth }
Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem
Date of Burial, July 28th 1887
{ Undertaker, Sorell & Handy } James A. Stearns M. D.
{ Place of Business, 416 Cross st } Comptroller Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M. McKewen Inspector [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1782 Office of Registrar of Vital Statistics. Ward 92

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6 A.M. July 27 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas. Cassidy

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } male

Age, 60 Years, _____ Months, _____ Days.

Color, _____

Married, Single, ~~Widow or~~ Widower, { Cross out the words not required in this line. } Widower

Occupation, Stone Cutter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } _____

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, { Give Street and Number. } City Hospital

Cause of Death, { First (Primary), Second (Immediate), } Phtisis
Heart failure

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 28th 1887

{ Undertaker, H. W. Jenkins & Sons } Chas A Ray M. D.
Medical Attendant.

{ Place of Business, 201 N. Sanitary St } Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1783 Office of Registrar of Vital Statistics. Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Rosenbrock.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1515 Light St.

Cause of Death, { First (Primary), Second (Immediate), } Chronic Albuminuria
Nephritis

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, July 30

{ Undertaker, B. J. Hall } R. J. Hall M. D.
Medical Attendant.

{ Place of Business, 115 West N. Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1784 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } May Octavia Taylor
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, two Years, three Months, White Days.
Color, White
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, none
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore
Duration of Residence in the City of Baltimore, During life
Place of Death, { Give Street and Number. } 854 Lexington St
Cause of Death, { First (Primary), Second (Immediate), } catarrh of bowels
Furunculous eruption & spasms
Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Lorraine
Date of Burial, July 29th
{ Undertaker, J. B. Cook } Elias C. Price & Son M. D.
Place of Business, 1008 W. Baltimore St Address, 953 Madison Ave
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Disease. Ack of this Certificate

Health Department, City of Baltimore.

Permit No. 1785 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Seett

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 11 hours Years, Months, Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1320 Fulton av.

Duration of Residence in the City of Baltimore, 11 hours

Place of Death, { Give Street and Number. } 1320 Fulton av.

Cause of Death, { First (Primary), Second (Immediate), } Cyanosis neonatorum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 29. 1887 E. M. Reid M. D.

{ Undertaker, Martin Hakey Medical Attendant.

{ Place of Business, 606 W. Townsend Address, 904 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. A 1786 Office of Registrar of Vital Statistics: Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29th 1887
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dr. Max Goldberg
Mrs. Mathie Goldberg,
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, _____ Years, _____ Months, 2 Minutes _____ Days,
 Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } ✓
 Occupation _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 584 Mulberry St

Duration of Residence in the City of Baltimore, 2 Minutes

Place of Death, { Give street and Number. } 584 Mulberry

Cause of Death, { First (Primary), _____
 Second (Immediate). Inanition }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial But Christ Cemetery

Date of Burial July 29th 1887

{ Undertaker Stewart Mowen } H. H. Bidler M. D.
 Medical Attendant.

{ Place of Business, 257217 Park Ave } Address, 119 W. Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1787

Office of Registrar of Vital Statistics.

Ward

19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 27th

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Eleanor Dennis

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

80

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Widow

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

Give Street and Number.

1829 Lexington St

Cause of Death,

First (Primary),

Apoplexy

Second (Immediate),

Softening

Duration of Last Sickness,

Several years

All the above information should be furnished by the Physician.

Place of Burial,

Linden Park

Date of Burial,

July 27

Undertaker,

Chas. Blizard

H. F. Hill

M. D.

Medical Attendant.

Place of Business,

1137 Pen an

Address, 1001 Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1788 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28. 1887

Full Name of Deceased, Willi Dorman { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 21 Years, 21 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Matron

Birth Place, Life { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, Nursery & Child's Hospital { Give Street and Number. }

Cause of Death, Malnutrition { First (Primary), Second (Immediate), }

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Fonden Park

Date of Burial, July 29

Undertaker, C. H. Brown Medical Attendant.

Place of Business, 1129 Pen av Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1789 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 28. 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Blanche Harsey

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, Years,

10 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Washington D.C.

Duration of Residence in the City of Baltimore,

2 mos

Place of Death, { Give Street and Number. }

Nursery & Childs Hospital

Cause of Death, { First (Primary), }

Mat. Nutrition

{ Second (Immediate), }

Non-Inflam. Diarrhoea

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Fountain Park

Date of Burial, July 29

{ Undertaker, C. F. Brown }

C. F. Brown

M. D.

Medical Attendant.

{ Place of Business, 1139 Penn } Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]